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Lee A. Norman, M.D., Secretary

Laura Kelly, Governor

Drug Utilization Review Board Meeting
Agenda, Open Session September 10, 2020
11:00 a.m. – 1:00 p.m.

Meeting Location*

*Due to COVID-19, this meeting will be held virtually. Please use the information below to join the meeting:
Public/Participant Line: Conf. ID: 3853539 Dial: (833) 713-0101 Passcode: 9998212
WebEx: https://intercall.webex.com/intercall/j.php?MTID=m04164ae129bbacaed205088ef36bfda4
Members of the public are required to complete a conflict of interest form if they intend to provide public comments to the Board. To assist the operator in coordinating public comment, completed forms are due one week prior to the meeting (September 3, 2020). Please email the completed form to Annette.Grant@ks.gov.

Board Members

Moneeshindra Mittal, MD
James Backes, PharmD
Jennifer Clair, MD
Katie Burenheide Foster, PharmD, MS, BCPS, FCCM
Kristen Powell, PharmD
Serena Stutzman, APRN
Roger Unruh, DO
LaTonyua Rice, PharmD, CGP
Arthur Snow, MD

KDHE-DHCF Staff

Annette Grant, RPh
Victor Nguyen, PharmD

DXC Technology/KEPRO Staff

Karen Kluczykowski, RPh
Kathy Kaesewurm, RN, BSN
Harry Vu, PharmD

MCO Staff

Alan Carter, PharmD, **Aetna Better Health of Kansas**
Angie Yoo, PharmD, **Sunflower State Health Plan**
Jan Mueller, RPh, **UnitedHealthcare Community Plan**

I. Call to Order

1. **Announcements**
   This meeting will be operator-assisted. An opportunity for public comment was given at the top of the agenda.

II. OLD BUSINESS

A. Review and Approval of July 8, 2020 Meeting Minutes

III. NEW BUSINESS

A. Mental Health Medication Advisory Committee (MHMAC)

1. **Antidepressant Medications – Safe Use for All Ages**
   At the August 2020 MHMAC meeting, the committee approved the revised criteria for use of Antidepressant Medications – Safe Use for All Ages prior authorization (PA). This revision included adding dosing limits as part of the PA criteria language to coincide with the dosing table previously added. There were minor updates to the dosing table and key. Step Therapy was added for Aplenzin®, Forfivo® XL, Viibryd®, Fetzima®, and Trintellix.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

2. **Antipsychotic Medications - Safe Use for All Ages**
   At the August 2020 MHMAC meeting, the committee revised the criteria for use of Antipsychotic Medications – Safe Use for All Ages PA to include an update to diagnosis section for children less than six years old and an update to the renewal criteria.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

B. Revised Prior Authorization (PA) Criteria

1. **Minimum Requirements Prior Authorization**
   This revision includes additions or edits for the following agents: (Fintepla®, Evenity®)
   ii. Prior Authorization Criteria
   iii. *Public Comment
   iv. Board Discussion

2. **Opioid Dependence Agents**
   This revision adds current Non-Covered Outpatient Drugs for Medication Assisted Treatment to the PA list, requires prescribers of Opioid Use Disorder drugs to be DATA 2000 Waivered, and requires all preferred PDL drugs to be tried prior to non-preferred PDL drugs.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

3. **Spinal Muscular Atrophy (SMA) Agents**
   This revision includes addition of Evrysdi™ (risdiplam) to the drug list and PA criteria.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

C. New Prior Authorization (PA) Criteria

1. **Tecartus™ (brexucabtagene autoleucel)**
   Tecartus is a CAR T-cell therapy for adult patients with relapsed or refractory mantle cell lymphoma. It is used following disease progression while on or after other treatment. The prior authorization criteria are being proposed to ensure appropriate use based upon the FDA-approved labeling information and to ensure appropriate use.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

D. New Preferred Drug List (PDL) Classes- Pending the September 9, 2020 PDL Committee Approval
Standard non-preferred prior authorization criteria are being proposed to allow access to non-preferred agents.

1. **COPD Agents- Triple Therapy**: (Breztri Aerosphere™, Trelegy Ellipta)
   i. Public Comment
   ii. Committee Discussion/Recommendations

2. **Colony Stimulating Factors – Filgrastim Products**: (Granix®, Neupogen®, Nivestym™, Zarxio®)
   i. Public Comment
   ii. Committee Discussion/Recommendations

3. **Colony Stimulating Factors – Pegfilgrastim Products**: (Fulphila®, Neulasta®, Neulasta® Onpro®, Udenyca®, Ziextenzo®)
   i. Public Comment
   ii. Committee Discussion/Recommendations

4. **Migraine – Acute Treatment Agents**: (Nurtec™ ODT, Reyvow™, Ubrelvy™)
   i. Public Comment
   ii. Committee Discussion/Recommendations

5. **Opioid Dependence Agents:** (Bunavail, Naltrexone Tablets, Probuphine®, Sublocade™, Suboxone®, Subutex, Vivitrol®, Zubsolv®)
   i. Public Comment
   ii. Committee Discussion/Recommendations

IV. OPEN PUBLIC COMMENT

V. ADJOURN

The next DUR Board meeting is scheduled for October 14, 2020.